

Krysti Brice
Personal Mentor
Brennan Healing Science Practitioner®
www.brennanhealerprague.com



Dear _____,

Date: _____

I am pleased to have the opportunity to work with you. Here is some basic information about the mentoring work I do in order to help you with your process of personal transformation and growth and what you can expect during a session.

I am qualified as a Brennan Healing Science® Practitioner. Among the various techniques I use is one-on-one personal mentoring work. In the course of our work together, we will explore areas that influence your state of well-being. We may address your health history, life stressors, belief systems and attitudes, your family and childhood history, diet, exercise, dreams, longings and how you are in relationships.

It should be noted that my mentoring work does not constitute psychotherapy and is not a substitute for psychotherapy. While we may discuss your physical health, I do not medically diagnose or prescribe treatment. If you have a physical injury or dis-ease condition, I ask that you also be in the care of a licensed medical professional and that you not discontinue any medical treatment you may be receiving. I may also ask that you be in the care of a qualified psychotherapist.

My approach to healing and personal transformation is holistic, focusing on you as a unique, complex, dynamic being of body, mind and spirit. I offer to serve as a facilitator in your self-initiated process of healing and transformation. I am here as your committed listener, your mirror, and your partner in the process.

My work is intended to be in harmony with any other healing and self-transformation work that you undertake, including traditional medicine and psychotherapy. Please feel free to discuss our work with others on your care team.

Your sharing is always kept confidential. I do, however, discuss clients with my professional supervisors or professional peers, without mentioning clients' names, for the

purpose of my continuing professional development and so that clients may receive the most assistance available.

Finally, self-care is an extremely important part of this work. At all times your healing and transformation process is your responsibility.

We may prefer to set up a regular schedule to work but there is never any obligation to continue treatment. My fee is currently CZK 2,500 per 1-hour session (US\$125 for clients outside the Czech Republic). My fee for a 90-minute session is CZK 3,500 (US\$180). If, in the future, I decide on any increase in my fee, I will give you 30 day's notice. If you cancel an appointment, please give me as much notice as possible. If you cancel within 24 hours from the scheduled time, I ask for full payment for the session.

In signing this acknowledgment, you agree that I may work with you in the above-described manner. I am most happy to answer any questions regarding my services and I also encourage you to express any concerns you may have.

In partnership for your healing, personal growth and transformation and with warm regards,



Krysti Brice

I have read the above information and freely elect to work with Krysti Brice in the above described manner. I freely give my consent with my signature below.

Name _____ Signature _____

Date _____